

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ELIZA		05-15-01
O.I.P.E. CLASSIFIER	AKH	72	8/10/01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/4/02
2	✓	✓	4/4/02
3	✓	✓	4/4/02
4	✓	✓	4/4/02
5	✓	✓	4/4/02
6	✓	✓	4/4/02
7	✓	✓	4/4/02
8	✓	✓	4/4/02
9	✓	✓	4/4/02
10	✓	✓	4/4/02
11	✓	✓	4/4/02
12	✓	✓	4/4/02
13	✓	✓	4/4/02
14	✓	✓	4/4/02
15	✓	✓	4/4/02
16	✓	✓	4/4/02
17	✓	✓	4/4/02
18	✓	✓	4/4/02
19	✓	✓	4/4/02
20	✓	✓	4/4/02
21	✓	✓	4/4/02
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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